

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1	/						51		
2		/					52		
3	X						53		
4		/					54		
5		/					55		
6		/					56		
7		/					57		
8	X						58		
9		/					59		
10	/						60		
11	X						61		
12		/					62		
13	X						63		
14		/					64		
15	/						65		
16	X						66		
17		/					67		
18	X						68		
19	X						69		
20		/					70		
21		/					71		
22		/					72		
23	/						73		
24							74		
25							75		
26							76		
27							77		
28							78		
29							79		
30							80		
31							81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	4						TOTAL IND.		
TOTAL DEP.	12						TOTAL DEP.		
TOTAL CLAIMS	16						TOTAL CLAIMS		